

FCIC/NCIC CHECK YES ☒ NO ☐

OBT Number

ARREST/NOTICE TO APPEAR
PROBABLE CAUSE AFFIDAVIT/
JUVENILE REFERRAL

Agency ORI Number: 00000000 Agency Name: **Brevard County Sheriff's Office**

Charge Type: ☒ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 8. Other

Location of Arrest (Include Name of Business): **2575 N Courtney Parkway, Merritt Island** City: **Titusville**

Date of Arrest: **01/19/07** Time of Arrest: **10:45** BCSO Date: **01/19/07** BCSO Time: **10:45** Jail Date: **01/19/07** Jail Time: **10:45**

Date of Offense: **01/16/07** FDLE Number: **00000000** DOC Number: **00000000**

Agency Report Number: **07-016239** Agency Arrest Number: **281480**

Fingerprints: ☐ Identification Only ☐ Criminal ☐ AFIS By: **AFIS**

Name (Last, First, Middle): **Townson, Michael Shane**

Race: **W-White** Sex: **M** Date of Birth: **10/12/69** Height: **510** Weight: **165** Eye Color: **Blue** Hair Color: **Brown** Complexion: **Medium** Build: **Medium**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **Multiple tats all over body**

Local Address (Street, Apt. Number): **3324 Virginia Drive, Titusville** (City) (State) (Zip) Phone: **()**

Permanent Address (Street, Apt. Number) or Parent's Name if Juv.: **None** (City) (State) (Zip) Phone: **()**

Business Address (Name, Street) or Parent's Address if Juv.: **None** (City) (State) (Zip) Phone: **()**

Drivers License State Number: **FL/T525557693720** Social Security Number: **[REDACTED]** INS Number: **[REDACTED]** Place of Birth: **Orlando, FL** Citizenship: **U.S.**

Co-Defendant Name (Last, First, Middle): **N/A** Race: **[REDACTED]** Sex: **[REDACTED]** Date of Birth or Age: **[REDACTED]** ☐ 1. Arrested ☐ 2. At Large

Co-Defendant Name (Last, First, Middle): **N/A** Race: **[REDACTED]** Sex: **[REDACTED]** Date of Birth or Age: **[REDACTED]** ☐ 1. Arrested ☐ 2. At Large

Charge Description: **1st Degree Murder**

Activity: **N** Drug Type: **N** Amount/Unit: **N** Counts: **1** F.S. Ord.: **782.04** Statute Violation Number: **782.04** Violation of Section (ORD): **[REDACTED]**

Activity: **N** Drug Type: **N** Amount/Unit: **N** Bond Amount: **None** Court Number: **[REDACTED]**

☒ PC ☐ Capias ☐ AC ☐ BW ☐ FW ☐ PW ☐ Juv. PU ☐ Citation

Date Issued: **[REDACTED]** ☐ Writ. Att. ☐ Domestic Viol. Inj. ☐ Order of Arrest

The undersigned certifies and swears that he she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law

On the **16** day of **January** 20 **07** at **1:00** ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

While at the residence of 3324 Virginia Drive, Titusville, Florida, the defendant and the victim were eating lunch when the victim made a statement upsetting the defendant. The defendant became enraged at a comment made by the victim and retrieved a large metal pipe from inside the residence. The defendant picked up the pipe and approached the victim while continuing to speak to her. The defendant asked if the statement she had made was true. Prior to the defendant striking the victim, the victim stated that she was sorry. The defendant then stood over the victim as she sat on a couch and repeatedly struck her in the head with the pipe. The victim was struck at least twelve times in the head by the defendant, which caused her death. No other injuries were discovered to the victim during the post mortem examination. The victim's injuries were focused to the her head. The defendant wrapped the victim's head in a blanket and hid her body under a pile of clothing inside the laundry room of the residence. The defendant further moved some of the bloody clothing to other areas of the residence. The defendant then fled from the residence by driving the victim's vehicle to the Orlando area and where he smoked crack cocaine throughout the night.

In accordance with F.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of **0** hrs @ \$ **0** per hr and/or miles @ **0** per mile for a total of \$ **0** Affidavit enclosed ☐ Y ☒ N ☐ Continued for: Narrative ☐ Charges ☐

Mandatory Appearance In Court

Location (Court, Room Number, Address): **0037 C.I.D. / Homicide**

Time: **Day** **Year** **Time** ☐ A.M. ☐ P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST OR A TAKE INTO CUSTODY ORDER SHALL BE ISSUED.

Signature of Defendant, Juvenile: **[REDACTED]** Signature of Juv. Parent/Custodian: **[REDACTED]** Release to (Name): **[REDACTED]** Date: **[REDACTED]** Time: **[REDACTED]**

☐ Miranda Warning ☐ Hold for Other Agency Name: **[REDACTED]** Verified By: **[REDACTED]** Date: **[REDACTED]** Bonding Agency: **[REDACTED]**

Adults Only ☐ Hold for First Appearance Do Not Bond Out. Reason? **[REDACTED]**

I swear/affirm the above and attached statements are true and correct. **Yes**

Signature of Notary: **[REDACTED]** Sworn to and subscribed before me, the undersigned authority this **19** day of **Jan** 20 **07**

Signature: **[REDACTED]** Print or Type Name: **[REDACTED]**

Notary/Law Enforcement Officer in Performance of Official Duties Personally Known ☒ ID Produced ☐

Returnable Court Date: **[REDACTED]** Returnable Court Time: ☐ A.M. ☐ P.M.

Court Location: **[REDACTED]** Page **1** of **2**

NOTICE: ANY PROPERTY SEIZED AS EVIDENCE OR TURNED OVER TO APPROPRIATE COURT WILL BE
DISPOSED OF IN ACCORDANCE WITH THE DATE OF CASE, UNLESS CLAIMED BY OWNER.
FOUNDSTOCKS AND ABANDONED OR SAFEKEEPING PROPERTY, UNLESS CLAIMED BY OWNER, WILL BE
DISPOSED OF 90 DAYS AFTER RECEIPT BY THIS OFFICER.

**BCSO IN-HOUSE
PROCESSING
REQUEST**

**LFP LATENT FINGERPRINT
PROCESSING
PBT PRESUMPTIVE BLOOD TESTING
SNR SERIAL NUMBER RESTORATION**

TOOL MARK EVIDENCE
TRACE EVIDENCE COLLECTION

OTHER:

ADDRESS:

3324 Virginia Dr. Tusculum F

PHONE:

HOME:

BUSINESS:NAME: SUSP. ☐ COMP. ☐ VICT. ☐

ADDRESS:

PHONE

HOME:

BUSINESS

SIGNATURE FROM WHOM PROPERTY TAKEN

IMPOUNDING DEPUTY AGENT ID NO./DIVISION

X. Well Stank

James Keeney #404 NF

PRINT NAME OF PERSON FROM WHOM PROPERTY TAKEN

PRINT NAME OF IMPOUNDING DEPUTY/AGENT

RECEIVED BY/TEL	REASON	ITEM	TIME	MO.	DAY	YEAR
W. J. M. 426	INVESTIGATION	ITEM 2TFM	1709	1	17	07

VEHICLE STORAGE/IMPOUND INFORMATION							
YEAR:	MAKE:	MODEL:	STYLE:	COLOR:	LICENSE NUMBER:	STATE:	YEAR OF LIC.:

TIME	DATE TOWED:			MILEAGE	VEHICLE IDENTIFICATION NUMBER
	MO.	DAY	YEAR		

LIST DAMAGE TO VEHICLE AND PARTS MISSING:

REASON VEHICLE TOWED:	NAME OF WRECKER SERVICE:	LOCATION VEHICLE STORED:
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<input type="checkbox"/> HOLD	<input type="checkbox"/> LAB EXAM	<input type="checkbox"/> LATENT PRINT	DEPUTY/AGENT	WHO MAY AUTHORIZE VEHICLE'S RELEASE:
<input checked="" type="checkbox"/> RELEASE TO OWNER <input type="checkbox"/> OTHER:				

SIGNATURE TOW TRUCK OPERATOR:	DEPUTY/AGENT SIGNATURE/ID NO.:
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Rev. 09/03 **PROPERTY RECEIPT DISTRIBUTION**